

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

Serial No. **09/363456**
Applicant(s)

Filing Date

3/5/02 8/28/02 CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
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TOTAL NO.	3		3		3	
TOTAL OFF.	14		14		15	
TOTAL	17		17		18	

	NO.	OFF.	NO.	OFF.	NO.	OFF.
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TOTAL NO.						
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CLAIMS ONLY

REPORT NO. **09/363456**
 INVENTOR(S)

FILED DATE

4/21/03

CLAIMS

ARTICLE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.											
TOTAL DEP.											
TOTAL CLAIMS											

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-2021 (1-74)

U.S. DEPARTMENT OF COMMERCE
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